

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF LA

2001 FEB -5 PM 4: 25

LORETTA G. WHYTE
CIVIL ACTIONERK

IN RE THE BABCOCK & WILCOX CO.,
ET AL

No: 00-0558
Bankruptcy Case
No: 00-10992

SECTION: "R"(5)

* * * * *

**DEBTORS' EX PARTE MOTION FOR ENTRY OF A
COURT ORDER APPROVING REVISED PROOF OF CLAIM FORMS**

NOW INTO COURT, through undersigned counsel come The Babcock & Wilcox Co., Diamond Power International, Inc., Babcock & Wilcox Construction Co., Inc., and Americon, Inc., (hereinafter collectively referred to as the "debtors") and respectfully file this Debtors' Ex Parte Motion for Entry of a Court Order Approving Revised Proof of Claim Forms in addition to the Proof of Claim Forms previously approved by this Court on October 30, 2000.

1.

This Court has jurisdiction over this Motion pursuant to 28 U.S.C. §§ 157 and 1334. Venue is proper in this district pursuant to 28 U.S.C. §1408. The statutory predicate to the relief sought herein is Section 105(a) of the Bankruptcy Code.

2.

This Court entered an Order approving the form and content of the Babcock & Wilcox Personal Injury Proof of Claim Form (the "PI Form") and the Babcock & Wilcox Special Claims

02515 / 17221 Document # 71692 v 1

DATE OF ENTRY
FEB 12 2001

Fee _____
Process _____
X Dkt _____
CtRmDep _____
Doc.No. _____

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Form (the "Special Claims Form") on October 30, 2000 ("October 30 Bar Date Order"). This Court found the PI Form and the Special Claims Form to be authorized by Bankruptcy Rule 3001(a) and to be otherwise fair and reasonable.

3.

On October 6, 2000 the Bankruptcy Court entered an Order approving the form and content of the Babcock & Wilcox Settled Claims Form (the "Settled Claims Form") to be used in connection with a bar date related to claims arising under asserted settlements of asbestos claims ("October 6 Bar Date Order").

4.

Pursuant to this Court's October 30 Bar Date Order, and the Bankruptcy Court's October 6 Bar Date Order, the debtors have commenced their notice dissemination program pursuant to which claimants covered by those orders are being notified of the bar dates and the various proof of claim requirements established in such orders. Among other things, the debtors have disseminated pre-printed proof of claim forms as approved by this Court and the Bankruptcy Court. The debtors' pre-printed PI Forms are printed with a special ink that facilitates the use of optical scanners for recovery of the information contained in the proofs of claim that are ultimately filed.

5.

The Asbestos Claimants Committee ("ACC") has requested that the debtors allow claimants, through their counsel, to file proofs of claim on computer generated print outs that are identical in form and substance to the originally approved PI Form, Special Claims Form and Settled Claims Form, with the exception of not incorporating the special inks used on the debtors' pre-printed PI Form and with the exception of some formatting changes for the PI Form discussed in this Motion.

These computer generated print outs would be created using an electronic template that would permit claimants' counsel to electronically merge data directly from their computer databases onto the appropriate claim form. The debtors have agreed to this request so long as (i) the use of such a template is approved by the court as set forth herein; (ii) all parties agree that the use of such a template will not affect the requirement that claimants be required to file proofs of claim in hard copy with all attachments by the July 30, 2001 bar date as set forth in this Court's October 30 Bar Date Order; and (iii) the hard copy filed by claimants or claimants' counsel on their behalf be identical in form to the debtors' pre-printed forms except as expressly contemplated by this Motion. The debtors have created a Revised Personal Injury Proof of Claim Form (see Exhibit A), and a Revised Special Claims Form (see Exhibit B) (collectively referred to as the "Revised Forms") to be created by the electronic template as an accommodation to the foregoing requests by the ACC.

In addition, in order to assist the claimants' counsel in using the electronic template to prepare the Revised Forms, the Debtors have created a "pdf" file version of instructions for properly using the electronic template (a printed version of the instructions is attached hereto as Exhibit C) and a "pdf" file version of the Court's previously approved instructions for preparing PI Forms (a printed version of which is attached hereto as Exhibit D).¹ The electronic template for the Revised Forms, along with Exhibits C and D will be posted to the debtors' website at www.bwbardate.com, if the use of the electronic template and the instructions for creating Revised Forms are approved by

¹The debtors have also created an electronic template to create a Revised Settled Claims Form and related instructions for use of the electronic template, which are concurrently being submitted to the Bankruptcy Court for approval on identical terms. If approved, the electronic template for the Revised Settled Claims Form and instructions for use of same will also be posted to the debtors' website.

this Court. Other than posting the template and related documents on the debtors' website, the debtors will be under no obligation to provide notice to any parties regarding the availability of this software.

6.

The debtors disclosed to the ACC that costs may increase approximately one dollar (\$1.00) per Revised PI Form submitted because these proposed Revised Forms cannot be read as easily as the Forms originally approved by this Court, which were printed with the special ink as described in ¶ 4 above. The ACC does not object to these potential increased costs provided such additional costs are actually incurred by the debtors and can be verified. The ACC also tested the debtors' electronic template and instructions for using same, and have no objection to the design of the electronic template and the instructions for its use as they appear in Exhibit C.

7.

This proposed change does not alter the substance or content of the information that was contained on the PI Form and Special Claims Form as they were originally approved by this Court. Formatting changes, as noted above, do occur with the Revised PI Form, but not with the Special Claims Form. The formatting changes to the PI Form include the following:

- 1). On page 3, part 3B of the original PI Form, the debtors ask the claimants to identify each facility at which they were exposed to the debtors' asbestos, and the debtors provide for three site entries to be made on the form, with the instructions to the PI Form indicating that information regarding additional sites should be submitted as an attachment to the form. The electronic template for the Revised Forms eliminates the need for the attachment because it will list all exposure sites of a particular claimant before moving to Part 4 of the Revised PI Form. On the original PI Form,

Part 4, the signature section, appears on page 3. Because of this formatting change, in cases where claimants have more than three exposure sites, Part 4 of the Revised PI Form will no longer appear on page 3, but rather, will move to a subsequent page.

2). The "Related Party Form" on page 4 of the original PI Form will not be generated with the Revised PI Form if no such claim is being filed. In addition, if such a claim is being filed and claimants have more than three exposure sites under part 3B of the Revised PI Form, the "Related Party Form" will no longer appear on page 4 of the Revised PI Form, but rather, will move to a subsequent page.

8.

The debtors have, or will have at the time of this Motion, provided notice to the ACC of this Motion. Considering the nature of the debtors' request, and the consent of the ACC, there is no need for additional notice and a hearing pursuant to Bankruptcy Code, Title 11 section 102.

WHEREFORE, the debtors respectfully request that this Court (1) enter a revised order approving the use of the electronic template to create Revised PI Forms and the Revised Special Claims Forms in the form as attached hereto as Exhibits A and B respectively in addition to the use of the original PI Form and the Special Claims Form previously approved by this Court pursuant to its October 30 Bar Date Order, and (2) approve the use of Exhibit C and Exhibit D in connection with the creation of the Revised Forms.

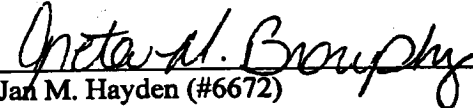
New Orleans, Louisiana
Dated: February 5, 2001

Respectfully submitted,

KIRKLAND & ELLIS
Theodore L. Freedman
200 East Randolph Drive
Chicago, Illinois 60601
(312) 861-2000

and

**HELLER, DRAPER, HAYDEN, PATRICK
& HORN, L.L.C.**


Jan M. Hayden (#6672)
William H. Patrick, III (#10359)
Tristan E. Manthey (#24539)
Greta M. Brouphy (#26216)
650 Poydras Street, Suite 2500
New Orleans, Louisiana 70130-6103
(504) 568-1888

Counsel for the Debtors and Debtors in Possession

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the above and foregoing has been served upon all interested parties via United States mail, first class, postage prepaid and properly addressed on this 5th day of February, 2001.


GRETA M. BROUPHY

DUE JULY 30, 2001

For Court Use Only

BABCOCK & WILCOX ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM

The United States Bankruptcy Court and United States District Court, Eastern District of Louisiana
In re: The Babcock & Wilcox Company, Debtor, Case No. 00-10992 Sec. "B"
 (Jointly Administered With: *In re Diamond Power International, Inc., Case No. 00-10993 Sec. "B"*; *In re Babcock & Wilcox Construction Company, Case No. 00-10994 Sec. "B"*; and *In re Americon, Inc., Case No. 00-10995 Sec. "B"*)

Carefully read the instructions included with this PROOF OF CLAIM before completing. In order to be paid or to have your claim estimated for voting purposes, complete ALL applicable questions and attach ALL required documents and supporting information to the PROOF OF CLAIM. If delivered by U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, P.O. BOX 9495, MINNEAPOLIS, MN 55440-9495. If delivered by any method other than U.S. mail, address to CLAIMS AGENT, RE: BABCOCK & WILCOX, 9555 JAMES AVE S, BLOOMINGTON, MN 55431.

IN ORDER TO BE VALID, THE PROOF OF CLAIM MUST BE SIGNED BY THE CLAIMANT OR THE CLAIMANT'S AUTHORIZED AGENT OR THE CLAIMANT'S ATTORNEY.

Please print clearly and use blue or black ink.

PART 1: IDENTIFYING INFORMATION (see instructions)

A. Do you claim the injured party's asbestos exposure is attributable to any of the following entities:

The Babcock & Wilcox Company? ☐ Yes ☐ No Americon, Inc.? ☐ Yes ☐ No
 Babcock & Wilcox Construction Co.? ☐ Yes ☐ No Diamond Power International, Inc.? ☐ Yes ☐ No

B. Injured Party

First Name MI Last Name Jr/Sr/III

The injured party is: ☐ Living ☐ Deceased

If injured party is deceased (or incapacitated), name of trust, estate, personal representative or other party submitting claim (not filing attorney listed in I.C below).

Street Address (of injured party, if living; if not, provide the address of the trust, estate, personal representative or other party submitting claim)

City State/Prov. Zip Code (Postal Code)

Country (if other than U.S.A.)

Injured Party's Birth Date:
 Month/Day/Year

Social Security Number of Injured Party

Injured Party's Gender: ☐ Male ☐ Female

C. Injured Party's Attorney (If any):

Law Firm Name

Attorney First Name MI Last Name

Street Address

City State/Prov. Zip Code (Postal Code)

EXHIBIT

A

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PART 2: MEDICAL INFORMATION (see instructions)

A. Non-Malignant Pleural Condition(s)

1. Has the injured party been diagnosed with any pleural condition that you claim was caused by exposure to asbestos? ☐ Yes ☐ No
If "Yes", please continue below. If "No", go on to Section B.

2. What pleural condition? ☐ Pleural Plaques ☐ Pleural Thickening
☐ Other Pleural Injury, specify:

3. Year of First Diagnosis:

B. Asbestosis

1. Has the injured party been diagnosed with asbestosis? ☐ Yes ☐ No If "Yes", Year of First Diagnosis:

C. Cancer (Including malignant mesothelioma)

1. Has the injured party been diagnosed with any cancer that you claim was caused by exposure to asbestos? ☐ Yes ☐ No
If "Yes", please continue below. If "No", go on to Section D.

2. Which of the following cancers is claimed to have been caused by asbestos exposure?

	Year of First Diagnosis	
<input type="radio"/> LUNG CANCER	<input type="text"/>	
<input type="radio"/> MESOTHELIOMA	<input type="text"/>	
<input type="radio"/> ESOPHAGEAL	<input type="text"/>	
<input type="radio"/> LARYNGEAL	<input type="text"/>	
<input type="radio"/> PHARYNGEAL	<input type="text"/>	
<input type="radio"/> COLORECTAL	<input type="text"/>	
<input type="radio"/> STOMACH	<input type="text"/>	
<input type="radio"/> OTHER (Please describe)	<input type="text"/>	Year of First Diagnosis <input type="text"/>

D. Diagnostic Information

1. Provide the injured party's most recent lung function test scores.

	Date	Score	% of Predicted
<input type="radio"/> Forced Vital Capacity (FVC):	<input type="text"/> Month/Year	<input type="text"/> L	<input type="text"/> %
<input type="radio"/> FEV ₁	<input type="text"/> Month/Year	<input type="text"/> L	<input type="text"/> %
<input type="radio"/> Lung Function tests are unavailable			

2. ILO Rating: If you answered "Yes" to Part 2.A1 (Pleural Condition) or Part 2.B1 (Asbestosis), provide the injured party's most recent ILO x-ray reading. (Failure to provide ILO results will be interpreted to mean that the injured party has not received an ILO rating.)

Results: ☐ / ☐
Month/Year

PART 3: EXPOSURE HISTORY (see instructions)

A. Was the injured party exposed to asbestos from any Babcock & Wilcox equipment? ☐ Yes ☐ No

If "Yes," please indicate: 1. The injured party's *total number of years* of asbestos exposure:

2. The year of the injured party's *first exposure* to asbestos:

3. The year of the injured party's *last exposure* to asbestos:

B. Please identify each facility at which the injured party was exposed to asbestos from Babcock & Wilcox equipment:

1. Where did the injured party work?

☐ Land-based (incl. shipyards):

or ☐ Marine

Name of Facility or Ship

City

State/Prov.

Country/Country of Port

Industry: (use code from page 4 of Instructions) If Other (Code AA), specif →

Occupation: (use code from page 5 of Instructions) If Other (Code 63), specify: →

PART 4: SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT

To the best of my knowledge, the information contained in this PROOF OF CLAIM is true and complete.

Signature of Claimant, Claimant's
Attorney, or Authorized Agent

Please Print the Name of the Signatory

Month Day Year

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years or both. (18 U.S.C. §152 & 3571)

Page 4

DUE JULY 30, 2001

RELATED-PARTY CLAIM

(FOR CLAIMS NOT INVOLVING PHYSICAL INJURY TO THE CLAIMANT)

THIS RELATED-PARTY CLAIM FORM MUST BE:

- I. Used only by one person. You may photocopy this form (before writing on it) if additional Related-Party Claim Forms are needed.
- II. Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, a wife may make a loss of consortium claim relating to her husband's asbestos-related physical injury, although she was not physically injured herself).
- III. Returned in the same envelope as the Asbestos Personal Injury Proof of Claim Form.

Please print clearly and use black or blue ink.

Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party," and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Form provided at pages 1 - 3.

A. Do you claim the injured party's asbestos exposure is attributable to any of the following entities:

The Babcock & Wilcox Company?	<input type="radio"/> Yes	<input type="radio"/> No	Americon, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No
Babcock & Wilcox Construction Co.?	<input type="radio"/> Yes	<input type="radio"/> No	Diamond Power International, Inc.?	<input type="radio"/> Yes	<input type="radio"/> No

B. Information Regarding Related-Party Claimant

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
First Name	MI	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State/Prov.	Zip Code (Postal Code)
<input type="text"/>		
Country (if other than U.S.A.)		Birth Date: <input type="text"/>
<input type="text"/>		Month/Day/Year
Social Security Number of Related-Party Claimant		

C. Information Regarding Injured Party Related to the Related-Party Claimant

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Injured Party's First Name	MI	Injured Party's Last Name
Relationship to Injured Party: <input type="radio"/> Spouse <input type="radio"/> Child		
Social Security Number of Injured Party		
<input type="radio"/> Other: <input type="text"/>		

D. Describe the nature of your claim against the debtor(s).**Signature of Related Party**To the best of my knowledge, the information contained in this **PROOF OF CLAIM** is true and complete.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Related-Party Claimant, Claimant's Attorney, or Claimant's Authorized Agent	Please Print the Name of the Signatory	Month	Day	Year	

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years or both (18 U.S.C. §152 & 3571)

DUE JULY 30, 2001

BABCOCK & WILCOX SPECIAL CLAIMS FORM

United States Bankruptcy Court-Eastern District of Louisiana		PROOF OF CLAIM	
<p>Name of Debtor against which claim is filed (check appropriate box):</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> The Babcock & Wilcox Company <input type="checkbox"/> Diamond Power International, Inc. <input type="checkbox"/> Babcock & Wilcox Construction Co., Inc. <input type="checkbox"/> Americon, Inc. </div> <div> <p>Chapter 11 Case Number: 00-10992 Jointly Administered</p> </div> </div> <p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.</p> <p>Nor should this form be used to file an Asbestos Personal Injury Claim. A specialized Proof of Claim Form entitled "Babcock Wilcox Asbestos Personal Injury Proof of Claim Form" should be filed for those claims. In addition, this form should not be used to file a Settled Asbestos Claim. The "Settled Asbestos Claims Form" should be filed for those claims. This Proof of Claim Form applies only to Asbestos Property Damages Claims, Derivative Asbestos Claims, or Apollo/Parks Township Claims (all such claims are defined in the accompanying Definitions and Instructions to this Proof of Claim Form). Do not file this form if your claim against the Debtors is not an Asbestos Property Damages Claim, Derivative Asbestos Claim, or Apollo/Parks Township Claim. For example, do not file this form if you are a trade creditor, or if you hold vendor or customer claims.</p>	<p>This space is for Court Use Only</p>		
<p>Name of Creditor: (The person or other entity to whom the debtor owes money or property):</p>			<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<p>Name and address where notices should be sent:</p>			
<p>Telephone Number:</p>			
<p>Tax ID or Social Security Number:</p>	<p>Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated:</p>		
<p>1. Basis for Claim</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Asbestos Property Damages Claim <input type="checkbox"/> Derivative Asbestos Claim <input type="checkbox"/> Apollo/Parks Township Claim </div> <p>Such claims are defined in the accompanying Definitions and Instructions to this Proof of Claim Form. Do not file this Proof of Claim if your claim is not for an Asbestos Property Damages Claim, Derivative Asbestos Claim, or Apollo/Parks Township Claim.</p> <p>If your claim is an Asbestos Personal Injury Claim, please file the "Babcock Wilcox Asbestos Personal Injury Proof of Claim Form." If your claim is a Settled Asbestos Claim, please file the "Settled Asbestos Claims Form." Copies of such forms can be obtained by calling the Babcock Wilcox Claims Unit at 1-877-657-9158.</p>			
<div style="display: flex; justify-content: space-between;"> <p>2. Date debt was incurred:</p> <p>3. If court judgement, date obtained:</p> </div>			
<p>4. Total Amount of Claim at Time Case Filed: _____</p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>			

EXHIBIT

B

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5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral.

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or compensation (up to \$4,300), named within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. section 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. section 507(a)(4).
- ☐ Up to \$1,950 of deposits toward purchase, lease, or rental of property or services for person, family, or household use - 11 U.S.C. section 507(a)(6).
- ☐ Alimony, maintenance or support owed to a spouse, former spouse, or child - 11 U.S.C. section 507(a)(7).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. section 507(a-____).

Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as doctor's reports/death certificates if you are asserting an Apollo/Parks Township Claim for personal injuries; appraisals, environmental reports, or any other evidence of property damage if you are filing an Asbestos Property Damages Claim or an Apollo/Parks Township Claim for property damage. **DO NOT SEND ORIGINAL DOCUMENTS.** If the documents are not available, explain. If the documents are voluminous, attach a summary.

This space is for Court Use Only

Date _____

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. Section 152 and 3571.

Instructions – Personal Injury Claim Form database

In order to utilize the Personal Injury Claim Form in MS-Access, the user must take several steps as follows:

1. Create a file that meets the specifications in the "File Specifications" section below.
2. Import the file into the MS-Access database called "PI Claims.mdb" into a table called "Current Temp". (The table must be empty before importing can begin. If records already exist in "Current Temp", run the query called "Delete Current Temp" to remove them.)
3. Go to the form labelled "Switchboard" that appeared when the database opened and click the button called "Insert Claims" and wait for the message box to appear confirming that the process is complete.
4. To print the claim forms for the imported data, click the button called "View Completed Claim Forms". A message box will likely appear to inform that "This document was previously formatted for the printer...". Click "OK" to open the forms on screen. When the report appears, click "File" and then "Print" to choose the printer and print. Do not click the button with the Printer icon before setting up the desired default printer.

File Specifications

The file must be in ASCII text file format and contain the following fields:

(The file is a combination of all injured parties, exposure incidents and related parties, so each injured party may have more than one record.)

Column Name	Data Type	Length	Description
Person Identifier	Number (Long)	4	The unique identifier that the firm uses to identify an Injured Party
Entity BW	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be The Babcock & Wilcox Company
Entity BWCC	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Babcock & Wilcox Construction Co., Inc
Entity Americon	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Americon, Inc
Entity DPIL	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Diamond Power International, Inc
First Name	Text	11	First Name of the Injured Party
MI	Text	1	Middle Initial of the Injured Party
Last Name	Text	16	Last Name of the Injured Party
Living/Deceased	Text	5	Valid Values: "TRUE" or "FALSE". True if the Injured Party is Living, False if Deceased
Personal Rep	Text	29	The trust, estate, personal representative or other party submitting claim
Address	Text	29	Injured Party Address
City	Text	17	Injured Party City
State	Text	2	Injured Party State

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C

Zip	Text	10	Injured Party Zip
Country	Text	17	Injured Party Country
SSN	Text	11	Injured Party Social Security Number
Birth Date	Date/Time	8	Injured Party Birth Date
Gender	Text	1	Injured Party Gender. M for Male and F for Female
Law Firm Name	Text	29	Injured Party Law Firm Name
Atty First Name	Text	11	Injured Party's Attorney First Name
Atty MI	Text	1	Injured Party's Attorney Middle Initial
Atty Last Name	Text	16	Injured Party's Attorney Last Name
Atty Address	Text	29	Attorney Address
Atty City	Text	17	Attorney City
Atty State	Text	2	Attorney State
Atty Zip	Text	10	Attorney Zip
Pleural Condition	Text	5	Valid Values: "TRUE" or "FALSE" Has the Injured Party been diagnosed with Pleural Condition?
Pleural Plaques	True/False	1	Has the Injured Party been diagnosed with Pleural Plaques?
Pleural Thickening	True/False	1	Has the Injured Party been diagnosed with Pleural Thickening?
Other Pleural	True/False	1	Has the Injured Party been diagnosed with another Pleural Condition?
Specify Pleural	Text	255	If "Other Pleural" is True, specify the pleural condition
Year of Pleural Diagnosis	Number (Long)	4	Year of the Pleural Diagnosis
Asbestosis	Text	5	Valid Values: "TRUE" or "FALSE" Has the Injured Party been diagnosed with Asbestosis?
Year of Asbestosis Diagnosis	Number (Long)	4	Year of Asbestosis Diagnosis
Cancer	Text	5	Valid Values: "TRUE" or "FALSE" Has the Injured Party been diagnosed with Cancer?
Lung Cancer	True/False	1	Has the Injured Party been diagnosed with Lung Cancer?
Year of Lung Diagnosis	Number (Long)	4	Year of Lung Cancer Diagnosis
Mesothelioma	True/False	1	Has the Injured Party been diagnosed with Mesothelioma?
Year of Meso Diagnosis	Number (Long)	4	Year of Mesothelioma Diagnosis
Esophageal	True/False	1	Has the Injured Party been diagnosed with Esophageal Cancer?
Year of Esoph Diagnosis	Number (Long)	4	Year of Esophageal Cancer Diagnosis
Laryngeal	True/False	1	Has the Injured Party been diagnosed with Laryngeal Cancer?
Year of Laryng Diagnosis	Number (Long)	4	Year of Laryngeal Cancer Diagnosis
Pharyngeal	True/False	1	Has the Injured Party been diagnosed with Pharyngeal Cancer?
Year of Pharyng Diagnosis	Number (Long)	4	Year of Pharyngeal Cancer Diagnosis
Colorectal	True/False	1	Has the Injured Party been diagnosed with Colorectal Cancer?
Year of Colo Diagnosis	Number (Long)	4	Year of Colorectal Cancer Diagnosis
Stomach	True/False	1	Has the Injured Party been diagnosed with Stomach Cancer?
Year of Stomach Diagnosis	Number (Long)	4	Year of Stomach Cancer Diagnosis
Other Cancer	True/False	1	Has the Injured Party been diagnosed with any other type of Cancer?
Specify Cancer	Text	255	Specify the Other Cancer
Year of Other Cancer Diagnosis	Number (Long)	4	Year of Other Cancer Diagnosis
FVC	True/False	1	Has the Injured Party had a Forced Vital Capacity (FVC) Test?

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FVC Date	Date/Time	8	Date in (MM/YYYY format) of the last FVC test
FVC Score	Number (Double)	8	Score of the last FVC test (### format)
FVC Pred Pct	Number (Double)	8	Percent of Predicted FVC (###.## format)
FEV	True/False	1	Has the Injured Party had an FEV test?
FEV Date	Date/Time	8	Date in (MM/YYYY format) of the last FEV test
FEV Score	Number (Double)	8	Score of the last FEV test (### format)
FEV Pred Pct	Number (Double)	8	Percent of Predicted FEV (###.## format)
Lung Unavail	True/False	1	True if Lung Function tests are Unavailable, False if they are Available.
ILO Rating	Date/Time	8	If the "Pleural Condition" is True, the Injured Party MUST provide their most recent ILO x-ray reading. This field is the date of the most recent reading in MM/YYYY format.
ILO Numerator	Number (Integer)	2	If the "Pleural Condition" is True, the Injured Party MUST provide their most recent ILO x-ray reading. This field is the single digit numerator of the ILO results.
ILO Denominator	Number (Integer)	2	If the "Pleural Condition" is True, the Injured Party MUST provide their most recent ILO x-ray reading. This field is the single digit denominator of the ILO results.
BW equipment	Text	5	Valid Values: "TRUE" or "FALSE". Was the injured party exposed to asbestos from B&W equipment?
Total Years Exp	Number (Integer)	2	Number of Years that the Injured Party was exposed to Asbestos
First Exposure Year	Number (Long)	4	First Year that Injured Party was exposed to Asbestos (YYYY)
Last Exposure	Number (Long)	4	Last Year that Injured Party was exposed to Asbestos (YYYY)
For the Exposure Portion of the form, there may be multiple exposures for one person. Include all exposures in the same file (so that all of the above information repeats for each exposure)			
Exposure ID	Number (Long)	4	The firm's unique identifier for the exposure incident
Land/Marine	Text	10	Where did the Injured Party work when he/she was exposed to asbestos from B&W equipment, Land or Marine? (Only appropriate answers are "Land" or "Marine")
Name of Facility	Text	21	Name of the Facility or Ship where the Injured Party worked
Exposure City	Text	13	City where the facility or ship was located
Exposure State	Text	2	State where the facility or ship was located
Exposure_Country	Text	11	Country where the facility was located or Country of Ship's port
Industry Code	Text	2	Industry Code (2 character codes listed on page 4 of Instructions)
Other Industry	Text	50	Other Industry - this must be filled in if the industry code is AA - Other
Occupation Code	Text	2	Occupation Code (2 digit codes listed on page 5 of Instructions)
Other Occupation	Text	50	Other Occupation - this must be filled in if the occupation code is 63 - Other
For the Related Party Claim Portion of the form, there may be multiple related parties for one Injured Party.			

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Include all related parties in the same file (so that all of the above information repeats for each related party).			
Related Party ID	Number (Long)	4	The firm's unique identifier of the Related Party
Related Party_Entity BW	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be The Babcock & Wilcox Company
Related Party_Entity BWCC	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Babcock & Wilcox Construction Co., Inc.
Related Party_Entity Americon	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Americon, Inc.
Related Party_Entity DPIL	Text	5	Valid Values: "TRUE" or "FALSE". A true/false field that identifies the attributable entity to be Diamond Power International, Inc.
Related Party_First Name	Text	11	First Name of the Related Party
Related Party_MI	Text	1	Middle Initial of the Related Party
Related Party_Last Name	Text	16	Last Name of the Related Party
Related Party_Address	Text	29	Address of the Related Party
Related Party_City	Text	17	City of the Related Party
Related Party_State	Text	2	State of the Related Party
Related Party_Zip	Text	10	Zip of the Related Party
Related Party_Country	Text	17	Country of the Related Party
Related Party_SSN	Text	11	SSN of the Related Party
Related Party_Birth Date	Date/Time	8	Birthdate of the Related Party (MM/DD/YYYY)
Relationship	Text	10	Relationship to Injured Party ("Spouse", "Child" or "Other" ONLY)
Describe Other	Text	255	If "Other" in "Relationship", describe the nature of the relationship with Injured Party.
Describe NOC	Text	255	Describe the nature of the Related Party's Claim against the debtor

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**INSTRUCTIONS FOR FILING THE
BABCOCK & WILCOX ASBESTOS PERSONAL INJURY
PROOF OF CLAIM FORM**

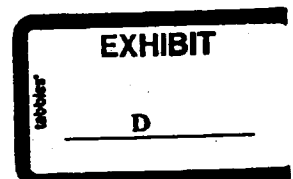
- The Debtors in this case are The Babcock & Wilcox Company, Diamond Power International, Inc., Babcock & Wilcox Construction Company, and Americon, Inc. (referred to in this document, whether singularly or collectively, as "Babcock & Wilcox").
- If you have a current claim against Babcock & Wilcox for asbestos-related personal injury, **THIS ASBESTOS PERSONAL INJURY PROOF OF CLAIM FORM MUST BE RECEIVED ON OR BEFORE JULY 30, 2001**, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.
- If you have a current claim against Babcock & Wilcox for asbestos-related damages that does not involve physical injury to yourself (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself) **THE ACCOMPANYING RELATED-PARTY CLAIM FORM MUST BE RECEIVED ON OR BEFORE JULY 30, 2001**, or your rights may be affected and you may be barred from asserting or receiving payment for your claim.

WHO SHOULD USE THIS ASBESTOS PERSONAL INJURY FORM

- This Asbestos Personal Injury Claim Form (referred to in this document as the "Claim Form") applies only to current claims made against Babcock & Wilcox by or on behalf of a person with an asbestos-related physical injury, death, or condition (such person is referred to in this document as an "injured party").
 - Current claimants have, or assert that they have an asbestos-related injury as of the Bar Date and have a right to payment (or a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment) from the Debtors on account of such asbestos exposure as of July 30, 2001.
 - Future claimants are those individuals or entities who as of the Bar Date do not meet the criteria listed above, are not subject to the Bar Date and need not submit this Claim Form.
- This form should not be used by persons who have Settled Asbestos Claims as defined herein. Persons holding such Settled Asbestos Claims against the Debtors are subject to an earlier Settled Asbestos Claims Bar Date of March 29, 2001 which has been approved by the United States Bankruptcy Court for the Eastern District of Louisiana (the "Bankruptcy Court"). Settled Asbestos Claims are defined as claims arising out of asbestos exposure -- including but not limited to asbestos-containing products, boiler systems, equipment, components, parts, improvements to real property or materials manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors -- and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors *for which the Claimant and one or more of the Debtors entered into an enforceable settlement agreement, for a liquidated amount, as of the commencement of these chapter 11 cases, but as for which the Claimant has yet to receive payment.* The Bankruptcy Court has approved a special proof of claim form for Settled Asbestos Claims. Persons holding Settled Asbestos Claims who wish to file a proof of claim should consult their attorney, or may obtain a copy of the proof of claim form for Settled Asbestos Claims by contacting the Debtors at 877-657-9158.

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- If a spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own asbestos-related physical injury (including injury resulting from asbestos that another person was exposed to on his or her job), then each spouse or child is an "injured party" who must fill out this Claim Form in order to preserve his or her rights.
- If a spouse or child of the injured party believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, claims for loss of consortium resulting from another person's asbestos-related injury), then each spouse and/or child or their legal representative must complete the accompanying Related-Party Claim Form in order to preserve his or her rights.

GENERAL INSTRUCTIONS

- The injured party must submit a fully completed Claim Form or the injured party's claim against Babcock & Wilcox may be barred. Specifically, submitting a fully completed Claim Form requires that the injured party attach copies of any and all diagnostic reports supporting all claimed asbestos-related medical conditions referred to on the Claim Form, such as copies of x-ray reports, ILO ratings, and lung function test results. (Please do not send actual x-ray films.)
- If the injured party has more information than fits in the space provided on any part of this Claim Form, please make additional copies of the applicable pages before writing on them.
- Please print clearly and use black or blue ink.
- Be accurate and truthful. A Proof of Claim Form is an official court document that may be used as evidence in any legal proceedings regarding your claim. The penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to five years or both. 18 U.S.C. §§ 152 & 3571.
- Make a copy of your Claim Form and keep a copy for your records. Send only the original Claim Form to the Claims Agent at the following addresses: If delivered by U.S. mail, address to Claims Agent, Re: Babcock & Wilcox, P.O. Box 9495, Minneapolis MN 55440-9495. If delivered by any method other than U.S. Mail, address to Claims Agent, Re: Babcock & Wilcox, 9555 James Ave S, Bloomington MN 55431.
- Upon receipt and processing of your Claim Form, including any Related-Party Proof of Claim Form, the Claims Agent will send you confirmation indicating that your claim was received. Keep this confirmation for your records -- It is your only proof that your claim was received. You should receive confirmation of receipt of your Claim Form within three to five weeks.
- Any person holding an Asbestos Personal Injury Claim that does not file a completed Babcock & Wilcox Asbestos Personal Injury Proof of Claim Form on or before the Bar Date shall be forever barred to the extent of applicable law from (a) participating in the Debtors' estates; (b) voting with respect to any plan of reorganization filed in these cases; and (c) receiving any distribution from the Debtors to any entity created pursuant to or in connection with any confirmed plan of reorganization in these cases. Further, such parties (a) to the extent of applicable law shall be bound by the terms of any confirmed plan of reorganization (including, without limitation, any provisions therein that provide the Debtors, any successor or any party under a confirmed plan with a release or discharge pursuant to 11 U.S.C. §§ 524(g) and 1141), and (b) shall not receive any further notice of the cases or the matters considered in connection therewith.

INSTRUCTIONS FOR FILLING OUT THE CLAIM FORM

PART 1: IDENTIFYING INFORMATION

- A person with any alleged asbestos-related physical injury, death, or condition is referred to as the "injured party."
- If the injured party is deceased or incapacitated, other persons or entities may submit a claim on behalf of the injured party or his or her estate.
- If someone is submitting a claim on behalf of the injured party or the injured party's estate, provide the submitting person's name and address in Part 1(B) and/or Part 1(C), as requested.
- Unless otherwise noted, all other questions on the Claim Form request information relating to the injured party, regardless of who is actually submitting the claim.
- If the injured party or claimant is represented by an attorney, provide the requested information in Part 1(C). You do not need an attorney to submit a claim.

PART 2: MEDICAL INFORMATION

- Complete all applicable sections.
- Failure to complete any section will be interpreted to mean that the injured party does not have the specified injuries, conditions, or test results addressed in that section.
- Definitions: The following definitions apply to the Claim Form and are provided for your assistance in preparing sections regarding medical history.
 - Asbestosis: bilateral, diffuse fibrosis of the lungs caused by the inhalation of asbestos fibers.
 - Colorectal cancer: cancer of the colon or rectum.
 - Esophageal cancer: cancer of the esophagus.
 - FEV₁: a measurement of lung function that describes the volume of air one can force from one's lungs in one second of effort (forced ("F") expiratory ("E") volume ("V") one second (-1-)).
 - Forced Vital Capacity: a measurement of lung function that describes the total amount of air one can forcibly exhale after inhaling as much air as possible.
 - ILO rating: "ILO rating" describes the scale developed by the International Labor Organization (sometimes also referred to as the International Labor Office) to describe the extent of fibrosis that appears on a chest x-ray. The scale has 12 points that are expressed with a 0, 1, 2, or 3 appearing to the left of a "/" and a 0, 1, 2, or 3 appearing to the right of the same "/", hence "0/0, 0/1, 1/0, 1/1" and so on.
 - Laryngeal cancer: cancer of the larynx (also known as the voice box).
 - Lung Cancer: cancer of the lung also known as bronchogenic carcinoma.

- Mesothelioma: cancer of the thin membrane surrounding the lung (known as the pleura) or the thin membrane surrounding the internal organs (known as the peritoneum).
- Pharyngeal cancer: cancer of the pharynx (throat).
- Pleural condition: any medical condition appearing in the lining of the lung or chest wall.
- Pleural plaques: a circumscribed or localized area of fibrosis appearing in the lining of the chest wall or diaphragm.
- Pleural thickening: a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
- Stomach cancer: cancer of the stomach.

PART 3: EXPOSURE HISTORY

- Provide information for all applicable sections.
- If the injured party has been exposed to asbestos through his or her job (including Navy and other military service) or through non-employment or non-occupational events, you must fill out Part 3, "Exposure History."
- If the injury party has been exposed to asbestos from Babcock & Wilcox equipment at more than three facilities, please make a copy of page 3 and attach additional pages as necessary.
- Where requested, please use the "Industry Codes" and "Occupation Codes" provided below that most closely match the injured party's employment or exposure history:

INDUSTRY CODES

- | | |
|--|--|
| A. Abatement/removal | N. Industrial furnace/oven manufacturing |
| B. Aerospace/aviation | O. Iron/steel |
| C. Asbestos mining | P. Manufacturing (non-asbestos) |
| D. Asbestos product manufacture or milling
(from raw asbestos fibers) | Q. Maritime/Ship - Navy |
| E. Automotive | R. Maritime/Ship - merchant marine |
| F. Boiler manufacture/fabrication | S. New construction (land-based) |
| G. Boiler installation/erection | T. Paper/pulp |
| H. Boiler repair/maintenance | U. Railroad |
| I. Chemical/petrochemical/refinery | V. Roofing |
| J. Contract industrial maintenance | W. Sheet metal |
| K. Demolition | X. Shipyard construction/repair |
| L. Glass/glazing | Y. Textile |
| M. Heating equipment <u>manu</u> facturing | Z. Utility/power plant |
| | AA. Other |

OCCUPATION CODES

- | | |
|---|---|
| 1. Asbestos removal/abatement | 32. Machinist |
| 2. Asbestos demolition | 33. Mechanic |
| 3. Asbestos miner | 34. Millwright |
| 4. Asbestos manufacturing plant worker | 35. Miner (non-asbestos) |
| 5. Bagger/mixer | 36. Plant worker (non-asbestos) |
| 6. Boiler mfr./fabricator | 37. Painter |
| 7. Boiler inspector | 38. Pipe coverer/installer |
| 8. Boiler engineer | 39. Pipefitter/steamfitter |
| 9. Boiler erector/installer | 40. Plasterer/sheetrock/drywaller |
| 10. Boiler cleaner | 41. Professional (incl. Accountant, architect, physician) |
| 11. Boiler repair | 42. Refinery worker |
| 12. Brake mfr/installer/repair | 43. Removal/repair boiler insulation (dry) |
| 13. Brakeman/carman/conductor/fireman | 44. Removal/repair boiler insulation (wet) |
| 14. Brick mason/layer/hod carrier | 45. Removal/repair pipe insulation (dry) |
| 15. Burner operator | 46. Removal/repair pipe insulation (wet) |
| 16. Carpenter/woodworker/cabinet-maker | 47. Remove/install gaskets |
| 17. Chipper | 48. Renovation/remodeling |
| 18. Clerical/Office Worker | 49. Repair plumbing |
| 19. Custodial/janitor in industrial facilities | 50. Rigger |
| 20. Custodian/janitor in public/commercial/res. bldgs. | 51. Routine maintenance (public/commercial/res. bldgs). |
| 21. Electrician | 52. Routine maintenance (industrial facilities) |
| 22. Encapsulation | 53. Sandblaster |
| 23. Furnace worker/repair/installer | 54. Seaman |
| 24. Heavy equipment operator (incl. forklift/truck/crane) | 55. Sheet metal worker |
| 25. Hodgecarrier | 56. Shipfitter |
| 26. Insulation -- installation | 57. Shipwright |
| 27. Insulation -- repair/removal/rip-out | 58. Steelworker |
| 28. Iron worker | 59. Utility worker |
| 29. Joiner | 60. Warehouse Worker |
| 30. Laborer | 61. Welder |
| 31. Longshoreman | 62. Non-employment/non-occupational exposure |
| | 63. Other |

PART 4: SIGNATURE OF CLAIMANT OR AUTHORIZED AGENT

- The injured party, the injured party's attorney, or, if the injured party is deceased or incapacitated, the injured party's personal representative must personally sign this Claim Form.
- Inaccurate or untruthful answers may result in the injured party's claim against Babcock & Wilcox being barred.

INSTRUCTIONS FOR FILLING OUT THE RELATED-PARTY CLAIM FORM

- The Related-Party Claim Form must be:
 - Used only by one person. You may photocopy this Form (before writing on it) if additional Related-Party Claim Forms are needed.
 - Used only if the spouse or child of an injured party (an injured party is the party who claims asbestos-related physical illnesses or conditions) believes he or she has a separate claim against Babcock & Wilcox, which is not based on the spouse's or child's own asbestos-related physical injury or condition (for example, if you are making a loss of consortium claim relating to a spouse who suffered asbestos-related physical injury, but you were not physically injured yourself).
- Do not use this Related-Party Claim Form if the spouse or child of an injured party believes he or she has a claim against Babcock & Wilcox based on his or her own physical injury (including injury resulting from asbestos that another person was exposed to on his or her job). In such a case, the spouse or child is considered an "injured party", and the spouse or child (or their representative) must fill out the Asbestos Personal Injury Proof of Claim Form.
- The Related Party, the Related Party's attorney, or, if the Related Party is deceased or incapacitated, the Related Party's representative must personally sign this Related-Party Claim Form.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

IN RE THE BABCOCK & WILCOX CO.,
ET AL

* CIVIL ACTION

*
No: 00-0558
* Bankruptcy Case
No: 00-10992

* SECTION: "R"(5)
*

* * * * *

ORDER

Upon the Motion of The Babcock & Wilcox Co., Diamond Power International, Inc., Babcock & Wilcox Construction Co., Inc., and Americon, Inc. (hereinafter collectively referred to as the "debtors"), seeking entry of a revised order under section 105 of Title 11 of the United States Code (the "Bankruptcy Code"), approving the use of an electronic template to create Revised PI Forms and the Revised Special Claims Forms in the forms attached to the debtors' motion at Exhibit A and B respectively in addition to the use of the original PI Form and the Special Claims Form previously approved by this Court on October 30, 2000 ("October 30 Bar Date Order"); and it appearing that the relief requested in the Motion is in the best interests of the debtors' estates and the Asbestos Claimants' Committee; and adequate notice of the Motion having been given; and after due deliberation and cause appearing therefor; it is hereby

ORDERED that the debtors' Motion is granted;

ORDERED that the use of the debtors' electronic template to create Revised PI Forms and/or Revised Special Claims Forms is approved;

ORDERED that the Revised PI Forms and/or Revised Special Claims Forms must be filed in hard copy with the debtors' Claims Agent in the same manner as originally required by this Court's October 30 Bar Date Order and be identical in form to the debtors' pre-printed forms originally approved by this Court in its October 30 Bar Date Order with the exception of any formatting changes as described in the debtors' Motion;

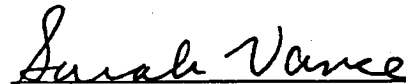
ORDERED that the instructions for use of the software at Exhibit C to the debtors' Motion and the instructions for completing the PI Form at Exhibit D to the debtors' Motion are approved and must be used in connection with creating the Revised Forms;

ORDERED that the debtors shall post the electronic template, along with Exhibits C and D to the debtors' website, and the debtors are under no obligation to provide any other notice regarding the availability of these materials; and

ORDERED that nothing in this Order shall affect the July 30, 2001 bar date deadline set by this Court in its October 30 Bar Date Order.

New Orleans, Louisiana

Dated: February 9, 2001



Honorable Sarah S. Vance
Eastern District of Louisiana